

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/598 73

FILING DATE

6-2-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.	5				7	
TOTAL DEP.	15				12	
TOTAL CLAIMS	20				19	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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